

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from Native  
Islander's Transportation

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jamecca Ladson

Telephone: 843-940-5761

Address: 30 Cobia Ct  
Hilton Head, SC 29926

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: jladson2000@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED

MAY 13 2022

PSC SC  
MAIL / DMS

*[Handwritten signature]*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING 2022 May 13 3:28 PM SEPSC - 2022-174-T - Page 1 of 14

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 5/12/22

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Native Islander's Transportation  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

30 Cobia Ct Hilton Head Island, SC 29926  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-940-5761  
Phone Fax

jladson2000@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)  
☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

**Financial Statement**

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="50,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="30,000"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="15,000"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text" value="65,000"/>		

**INSTRUCTIONS:**

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**

**Proposed Rates and Charges:**

Up to \$50/mile

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
**You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.**

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Chrysler	2017 Pacifica	2C4RC1CGXHR594093	4735
Chrysler	2010 300	2C3CA4C1D6AH105305	3758

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## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Jamecca Hadson

Name of Applicant

30 Cobia Ct Hilton Head, SC 29926

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ ~~600,000~~ 1539

Limits 300,000

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Jamecca Ladson

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jamecca Lausa  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Beaufort )  
SWORN TO BEFORE ME  
This 13 day of May, 2022  
Carol Campbell  
Notary Public  
Commission Expires February 8, 2032

Print Application

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Native Islander's Transportation LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 31st, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 31st day  
of March, 2021.

  
Mark Hammond, Secretary of State

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

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Jamecca Leasa  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Beaufort )

SWORN TO BEFORE ME  
This 13 day of May, 2022

Carol Campbell  
Notary Public

Commission Expires February 8, 2032

Print Application

Progressive  
P.O. Box 94739  
Cleveland, OH 44101

**PROGRESSIVE**  
COMMERCIAL

Named insured

Native Islander's Transportation LLC  
30 COBIA CT  
HILTON HEAD, SC 29926

**Policy number: 949538379**

Underwritten by:  
Progressive Northern Insurance Co  
April 12, 2022  
Policy Period: May 28, 2022 - May 28, 2023  
Page 1 of 3

**progressivecommercial.com**  
**Online Service**

Make payments, check billing activity, print  
policy documents, update your policy or  
check the status of a claim.

**1-800-895-2886**

For customer service and claims service.  
PO Box 94739  
Cleveland, OH 44101

## Commercial Auto Insurance Coverage Summary

### This is your revised Renewal Declarations Page

### Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 28, 2022.

Your coverage begins on May 28, 2022 at 12:01 a.m. This policy expires on May 28, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852SC (12/05), MC1632 (06/04), 4852SC (01/10), 4881SC (02/11) and Z228 (01/11).

The named insured organization type is a corporation.

#### Policy changes effective May 28, 2022

Premium change:	\$0.00
Changes:	The mailing address information has changed.

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$3,673
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist			761
Bodily Injury	\$300,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			802
Bodily Injury	\$300,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	Rejected		-
Comprehensive			531
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,562
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$8,329</b>
UM Fund Fee			4
<b>Total 12 month policy premium and fees</b>			<b>\$8,333</b>
Discount if paid in full			-794
<b>Total 12 month policy premium if paid in full</b>			<b>\$7,539</b>

**Rated drivers**

1. Jamecca Ladson
2. JAMES F LADSON
3. JAMES LADSON

**Auto coverage schedule**

1. **2017 CHRYSLER PACIFICA** Stated Amount: \* \$21,000 (including Permanently Attached Equip)  
VIN: 2C4RC1CGXMR594093 Garaging Zip Code: 29926 Radius: 50 miles  
Personal use: Y Body type: Mini Van

Liability Premium	Liability Premium	UM Premium	UM Premium		
	\$1475	\$378	\$400		
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000/\$0	\$321	\$1,000	\$1767	<b>\$4,341</b>

2. **2010 CHRYSLER 300** Stated Amount: \* \$12,900 (including Permanently Attached Equip)  
VIN: 2C3CA4CD6AH105305 Garaging Zip Code: 29926 Radius: 50 miles  
Personal use: N Body type: Car - Luxury

Liability Premium	Liability Premium	UM Premium	UM Premium		
	\$2198	\$383	\$402		
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000/\$0	\$210	\$1,000	\$795	<b>\$3,988</b>

Policy number: 949538379  
Native Islander's Transportation LLC  
Page 3 of 3

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium discount**

Policy	
949538379	Electronic Funds Transfer

**Loss Payee information**

1.	Loss Payee	Auto 1	BANK OF AMERICA AUTO FIN CORP PO BOX 2759 JACKSONVILLE, FL 32203 2017 CHRYSLER PACIFICA (2C4RC1CGXHR594093)
2.	Loss Payee	Auto 2	FIFTH THIRD BANK (LOAN) PO BOX 598 AMELIA, OH 45102 2010 CHRYSLER 300 (2C3CA4CD6AH105305)

**Important Cancellation Information**

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**